

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**John**

First name

**Christopher**

Middle name

**Tullar**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****2. All other names you have used in the last 8 years**

Include your married or maiden names.

**Amanda**

First name

**Ann**

Middle name

**Tullar**

Last name and Suffix (Sr., Jr., II, III)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-1510****FKA Amanda Ann Cooper  
FKA Amanda Ann Grow****xxx-xx-1978**

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (*if known*) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**518 North Johnson Ave  
Bloomington, IN 47404**

Number, Street, City, State & ZIP Code

**Monroe**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 John Christopher Tullar  
Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. How you will pay the fee ■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?  No.  
 Yes.

District	<b>SD IN, Indianapolis (Husband only)</b>	When	5/01/14	Case number	14-04070-JKC-7
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  No  
 Yes.

Debtor	Relationship to you	_____
District	Case number, if known	_____
Debtor	Relationship to you	_____
District	Case number, if known	_____

11. Do you rent your residence?  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 John Christopher Tullar  
 Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 John Christopher Tullar  
 Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

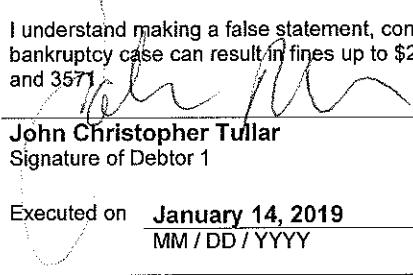
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

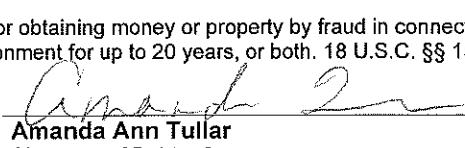
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



John Christopher Tullar  
 Signature of Debtor 1



Amanda Ann Tullar  
 Signature of Debtor 2

Executed on January 14, 2019  
 MM / DD / YYYYExecuted on January 14, 2019  
 MM / DD / YYYY

Debtor 1 **John Christopher Tullar**  
Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Joseph A. Ross**

Signature of Attorney for Debtor

Date

**January 16, 2019**

MM / DD / YYYY

**Joseph A. Ross 20345-47**

Printed name

**Joseph A. Ross, Attorney at Law**

Firm name

**1503 West Arlington Road**

**Bloomington, IN 47404**

Number, Street, City, State & ZIP Code

Contact phone **812.339.3440**

Email address

**RossFiling@rosslawoffice.com**

**20345-47 IN**

Bar number & State

## Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amanda Ann Tullar</b>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number (if known)				

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>70,900.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>70,900.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>8,875.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>79,775.00</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>107,620.92</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ <b>107,620.92</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <b>154,676.58</b>
		<b>Your total liabilities</b> \$ <b>262,297.50</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>3,747.67</b>
	Copy your combined monthly income from line 12 of Schedule I.....	\$ <b>3,747.67</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>2,599.00</b>
	Copy your monthly expenses from line 22c of Schedule J.....	\$ <b>2,599.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>0.00</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>117,483.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>117,483.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>John Christopher Tullar</b>	
	First Name	Middle Name
Debtor 2	<b>Amanda Ann Tullar</b>	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number _____		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1

#### 518 North Johnson Avenue

Street address, if available, or other description

Bloomington      IN      47404-0000  
 City                  State                  ZIP Code

##### What is the property? Check all that apply

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **\$70,900.00**      Current value of the portion you own? **\$70,900.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee simple**

Check if this is community property (see instructions)

##### Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**One story, two bedroom home on lot located at 518 North Johnson Avenue, Bloomington, IN 47404-2876, Monroe County. Debtor(s) originally paid \$63,000 in 2007.**  
**Debtor(s)' residence**  
**Parcel Number: 53-05-31-301-158.000-004**  
**Legal Description: 012-16170-00 Maple Grove Baby Farms Pt Lot 31 (31 C)**  
**Assessed Value: \$70,900**

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$70,900.00**

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

Debtor 1 John Christopher Tullar  
Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Kia**  
 Model: **Sportage**  
 Year: **2009**  
 Approximate mileage: **100,000**  
 Other information:

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$5,800.00** **\$5,800.00**

3.2 Make: **Kia**  
 Model: **Sedona**  
 Year: **2005**  
 Approximate mileage: **130,000**  
 Other information:  
**Vehicle does not run properly**

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$1,200.00** **\$1,200.00**

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$7,000.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Refrigerator, stove, washer, dryer, bedroom furniture, living room furniture, microwave, stereo, desk, and other household goods located at Debtors' residence.**

**\$950.00**

## 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**TV(s), media player(s), computer and peripherals & other misc. electronics located at Debtors' residence.**

**\$370.00**

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**Clothing located at Debtors' residence****\$500.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**Jewelry located at Debtors' residence****\$50.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**3 Cats, 1 Dog****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$1,870.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured  
claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

<b>Social Security</b> 17.1. acct 9807	<b>Direct Express</b>	<b>\$5.00</b>
---	-----------------------	---------------

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the**

Debtor 1 John Christopher Tullar  
 Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

**portion you own?**  
 Do not deduct secured  
 claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**2018 pro-rated State and Federal tax  
 refunds (non-earned income credit  
 portion)**

Federal and State

Unknown

**2018 pro-rated State and Federal tax  
 refunds (earned income credit  
 portion)**

Federal and State

Unknown

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached  
 for Part 4. Write that number here.....**

\$5.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	.....	<b>\$70,900.00</b>
56. Part 2: Total vehicles, line 5	.....	<b>\$7,000.00</b>
57. Part 3: Total personal and household items, line 15	.....	<b>\$1,870.00</b>
58. Part 4: Total financial assets, line 36	.....	<b>\$5.00</b>
59. Part 5: Total business-related property, line 45	.....	<b>\$0.00</b>
60. Part 6: Total farm- and fishing-related property, line 52	.....	<b>\$0.00</b>
61. Part 7: Total other property not listed, line 54	+	<b>\$0.00</b>
62. Total personal property. Add lines 56 through 61...	<b>\$8,875.00</b>	Copy personal property total <b>\$8,875.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$79,775.00</b>

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amanda Ann Tullar</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<b>2005 Kia Sedona 130,000 miles Vehicle does not run properly</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$1,200.00</b>	<input checked="" type="checkbox"/> <b>\$1,200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Refrigerator, stove, washer, dryer, bedroom furniture, living room furniture, microwave, stereo, desk, and other household goods located at Debtors' residence.</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$950.00</b>	<input checked="" type="checkbox"/> <b>\$950.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>TV(s), media player(s), computer and peripherals &amp; other misc. electronics located at Debtors' residence.</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$370.00</b>	<input checked="" type="checkbox"/> <b>\$370.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Clothing located at Debtors' residence</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>
<b>Jewelry located at Debtors' residence</b> Line from <i>Schedule A/B</i> : 12.1	<b>\$50.00</b>	<input checked="" type="checkbox"/> <b>\$50.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(2)</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Social Security acct 9807: Direct Express</b> Line from <i>Schedule A/B: 17.1</i>	<b>\$5.00</b>	<input checked="" type="checkbox"/> <b>\$5.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Federal and State: 2018 pro-rated State and Federal tax refunds (non-earned income credit portion)</b> Line from <i>Schedule A/B: 28.1</i>	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$795.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Federal and State: 2018 pro-rated State and Federal tax refunds (earned income credit portion)</b> Line from <i>Schedule A/B: 28.2</i>	<b>Unknown</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(11)</b>

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	CAPITAL ONE BANK	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Creditor's Name	518 North Johnson Avenue Bloomington, IN 47404 Monroe County  One story, two bedroom home on lot located at 518 North Johnson Avenue, Bloomington, In 47404-2876, Monroe County. Debtor(s) originally paid \$63,000 in 2007.  <b>Debtor(s)' reside</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,402.56	\$70,900.00	\$2,402.56

C/O HIGHEST  
EXECUTIVE OFFICER  
4851 COX ROAD  
Glen Allen, VA 23060

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Judgment issued**

Date debt was incurred 2/20/2018

Last 4 digits of account number 2567

2.2	J.D. Byrider/CNAC	Describe the property that secures the claim:	\$11,432.00	\$5,800.00	\$5,632.00
	Creditor's Name	2009 Kia Sportage 100,000 miles			

Attn: Bankruptcy  
12802 Hamilton Crossing  
Blvd  
Carmel, IN 46032

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

Debtor 1	<b>John Christopher Tullar</b>	First Name	Middle Name	Last Name	Case number (if known)
Debtor 2	<b>Amanda Ann Tullar</b>	First Name	Middle Name	Last Name	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>
		Opened 12/2017	Last Active 11/15/18	Last 4 digits of account number <b>9793</b>	

2.3	<b>LVNV FUNDING LLC ATTN: Highest Officer</b>	Creditor's Name	Describe the property that secures the claim:  518 North Johnson Avenue Bloomington, IN 47404 Monroe County One story, two bedroom home on lot located at 518 North Johnson Avenue, Bloomington, In 47404-2876, Monroe County. Debtor(s) originally paid \$63,000 in 2007.	\$781.17	\$70,900.00	\$781.17	
<b>c/o CORPORATION SERVICE COMPANY 251 E OHIO ST STE 500 Indianapolis, IN 46204</b>		Number, Street, City, State & Zip Code	<b>Debtor(s)' reside</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Who owes the debt?</b> Check one.			<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)				
		Judgment issued 1/17/18	Date debt was incurred	Last 4 digits of account number <b>2402</b>			

2.4	<b>Rushmore Loan Management Services</b>	Creditor's Name	Describe the property that secures the claim:  518 North Johnson Avenue Bloomington, IN 47404 Monroe County One story, two bedroom home on lot located at 518 North Johnson Avenue, Bloomington, In 47404-2876, Monroe County. Debtor(s) originally paid \$63,000 in 2007.	\$93,005.19	\$70,900.00	\$22,105.19	
<b>for MTGLQ Investors L.P. P.O. Box 52708 Irvine, CA 92619</b>		Number, Street, City, State & Zip Code	<b>Debtor(s)' reside</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
		Judgment issued 1/17/18	Date debt was incurred	Last 4 digits of account number <b>2402</b>			

Debtor 1	<b>John Christopher Tullar</b>	Case number (if known)
First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>	
First Name	Middle Name	Last Name
<b>Who owes the debt?</b> Check one.		<b>Nature of lien.</b> Check all that apply.
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Real Estate Mortgage</b>
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		
<b>Opened</b> <b>5/22/07</b> <b>Last Active</b>		
Date debt was incurred	04/14	Last 4 digits of account number 9505,0029

Add the dollar value of your entries in Column A on this page. Write that number here:

\$107,620.92

If this is the last page of your form, add the dollar value totals from all pages.

\$107,620.92

Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>J.D. Byrider/CNAC</b> <b>7400 N Shadeland Ave</b> <b>Indianapolis, IN 46250</b>	On which line in Part 1 did you enter the creditor? <u>2.2</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>MTGLQ Investors L.P.</b> <b>ATTN: Highest Officer</b> <b>200 West Street</b> <b>New York, NY 10282</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Seterus, Inc.</b> <b>14523 Sw Millikan Way</b> <b>Beaverton, OR 97005</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Seterus, Inc.</b> <b>Attn: Bankruptcy</b> <b>Po Box 1077</b> <b>Hartford, CT 06143</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u>
		Last 4 digits of account number <u>7015</u>
		Last 4 digits of account number <u>7015</u>

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
- Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>ALLIED COLLECTION SERVICE INC</b> Nonpriority Creditor's Name <b>ATTN: CEO c/o Reg Agt SEAN THOMASSON 50 WASHINGTON ST Columbus, IN 47201</b>	Last 4 digits of account number <b>5221</b>	<b>\$805.66</b>
		When was the debt incurred? <b>2005</b>	
	Number Street City State Zip Code <b>Who incurred the debt? Check one.</b>	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> No  <input type="checkbox"/> Yes	<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<b>Civil collections v. wife and co-debtor (not husband)</b>	
		<input checked="" type="checkbox"/> Other. Specify	

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.2	<b>AT&amp;T Mobility</b> Nonpriority Creditor's Name <b>P.O. Box 6416</b> <b>Carol Stream, IL 60197-6416</b> Number Street City State Zip Code	Last 4 digits of account number <u>2659</u>	\$2,122.34
When was the debt incurred? <u>2018 and before</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>In collections</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.3			
4.3	<b>At&amp;t U-Verse</b> Nonpriority Creditor's Name <b>P.O. Box 5014</b> <b>Carol Stream, IL 60197</b> Number Street City State Zip Code	Last 4 digits of account number <u>4139</u>	\$2,702.00
When was the debt incurred? <u>2018 and before</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>In collections</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4			
4.4	<b>Athletic &amp; Therapeutic Inst</b> Nonpriority Creditor's Name <b>4947 Paysphere Circle</b> <b>Chicago, IL 60674</b> Number Street City State Zip Code	Last 4 digits of account number <u>2895</u>	\$90.00
When was the debt incurred? <u>2018 and before</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.5	<b>Barclays Bank Delaware</b> Nonpriority Creditor's Name <b>Attn: Correspondence</b> <b>Po Box 8801</b> <b>Wilmington, DE 19899</b> Number Street City State Zip Code	Last 4 digits of account number <b>3089</b>	\$872.00
		When was the debt incurred? <b>Opened 12/14 Last Active 08/16</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Credit Card in collections</b>		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.6	<b>BLOOMINGTON ACCOUNTS SERVICE INC.</b> Nonpriority Creditor's Name <b>ATTN: Highest Officer</b> <b>321 S. GRANT, BOX 2021</b> <b>Bloomington, IN 47401</b> Number Street City State Zip Code		
	Last 4 digits of account number <b>2289</b>	\$1,390.47	
	When was the debt incurred? <b>2009</b>		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Civil collections v. wife only</b>		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.7	<b>Bloomington Anesthesiologists</b> Nonpriority Creditor's Name <b>C/O CIPROMS, Inc. Attn: Compliance</b> <b>3600 Woodview trace, 4th Floor</b> <b>Indianapolis, IN 46268</b> Number Street City State Zip Code		
	Last 4 digits of account number <b>1167</b>	\$334.00	
	When was the debt incurred? <b>2018 and before</b>		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify <b>Medical in collections</b>		
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.8	<b>Bloomington Bone &amp; Joint Clinic</b> Nonpriority Creditor's Name <b>639 South Walker Street, Suite E</b> <b>Bloomington, IN 47403</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>9230</b> <b>When was the debt incurred?</b> <b>2018 and before</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical in collections</b>	<b>\$577.89</b>
4.9	<b>Bloomington Endoscopy Center LLC</b> Nonpriority Creditor's Name <b>550 Landmark Avenue</b> <b>Bloomington, IN 47402-0550</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0700</b> <b>When was the debt incurred?</b> <b>2006</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Civil collections v. wife only</b>	<b>\$431.50</b>
4.1 0	<b>Bloomington Hospital and Healthcare Sys.</b> Nonpriority Creditor's Name <b>P.O. Box 1149</b> <b>Bloomington, IN 47402-2997</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0227</b> <b>When was the debt incurred?</b> <b>2018 and before</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical in collections</b>	<b>\$1,304.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.1 1	<b>Bloomington Housing Authority</b> Nonpriority Creditor's Name <b>1007 North Summitt Street</b> <b>Bloomington, IN 47401</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>2575</b> <b>When was the debt incurred?</b> <b>2012</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Civil collections v. wife only</b>	<b>\$1,500.00</b>
4.1 2	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>1629</b> <b>When was the debt incurred?</b> <b>Opened 11/00 Last Active 04/04</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card in collections</b>	<b>\$454.00</b>
4.1 3	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>6742</b> <b>When was the debt incurred?</b> <b>Opened 11/14 Last Active 07/16</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$2,517.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

<b>4.1 4</b>	<b>CHECK INTO CASH OF INDIANA, LLC</b> Nonpriority Creditor's Name <b>ATTN CEO c/o Reg Agt CT CORP SYS 150 West Market Street, Suite 800 Indianapolis, IN 46204</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2795</b> When was the debt incurred? <b>2018 and before</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>In collections</b>	<b>\$677.00</b>
<b>4.1 5</b>	<b>Comenitybank/hottpic</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7531</b> When was the debt incurred? <b>Opened 07/18 Last Active 12/18</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$324.00</b>
<b>4.1 6</b>	<b>Credit One Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0367</b> When was the debt incurred? <b>Opened 11/14 Last Active 09/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card in collections</b>	<b>\$924.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

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<b>Dept of Ed / Navient</b> Nonpriority Creditor's Name <b>Attn: Claims Dept</b> <b>Po Box 9635</b> <b>Wilkes Barr, PA 18773</b> Number Street City State Zip Code	Last 4 digits of account number <b>0223</b>	\$64,934.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 10/05 Last Active 07/18</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Educational**

4.1  
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<b>Don Baker, D.D.S.</b> Nonpriority Creditor's Name <b>4217 East Third Street</b> <b>Bloomington, IN 47401</b> Number Street City State Zip Code	Last 4 digits of account number <b>2538</b>	\$113.78
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2018 and before</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>		
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>Estate of John Bradley Grow (deceased)</b> Nonpriority Creditor's Name <b>3636 THORNCREST DR</b> <b>Indianapolis, IN 46234-1447</b> Number Street City State Zip Code	Last 4 digits of account number <b>0548</b>	\$0.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2019 or before</b>	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Ex-spouse and co-debtor</b>		
<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.2 0	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 5524</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2752</b>  <b>When was the debt incurred?</b> <b>Opened 12/14 Last Active 10/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card in collections</b>	<b>\$560.00</b>
4.2 1	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 5524</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1061</b>  <b>When was the debt incurred?</b> <b>Opened 04/16 Last Active 09/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$839.00</b>
4.2 2	<b>Indiana MRI</b> Nonpriority Creditor's Name <b>P.O. Box 7160 Dept. 105</b> <b>Indianapolis, IN 46207</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	Last 4 digits of account number <b>4518</b>  <b>When was the debt incurred?</b> <b>2005</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <b>Civil collections v. wife only; Probably paid in fullbut listed in case balance owed (public records unclear)</b> <input checked="" type="checkbox"/> Other. Specify <b>(public records unclear)</b>	<b>\$0.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.2 3	<p><b>Indiana University Credit Union</b>            Nonpriority Creditor's Name  <b>Wnslow Road Branch</b>  <b>105 East Winslow Road</b>  <b>Bloomington, IN 47401</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>Tullar</b></p> <p>When was the debt incurred? <b>2018 and before</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Bank Fees</b></p>	<b>\$665.94</b>
4.2 4	<p><b>IU Credit Union</b>            Nonpriority Creditor's Name  <b>ATTN: Highest Officer</b>  <b>105 East Winslow Road</b>  <b>Bloomington, IN 47402</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4633</b></p> <p>When was the debt incurred? <b>2013</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Civil collections v. wife only</b></p>	<b>\$744.56</b>
4.2 5	<p><b>IU Health</b>            Nonpriority Creditor's Name  <b>P.O. Box 1149</b>  <b>Bloomington, IN 47402-1149</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>hers</b></p> <p>When was the debt incurred? <b>2018 and before</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical in collections</b></p>	<b>\$2,056.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.2 6	<b>Ivy Tech Community College-Btgtn</b> Nonpriority Creditor's Name <b>200 Daniels Way</b> <b>Bloomington, IN 47404</b> Number Street City State Zip Code	Last 4 digits of account number <b>Tullar</b>	\$257.41
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Fees</b> <input type="checkbox"/> Yes			
When was the debt incurred? <b>2018 and before</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Laboratory Corporation of America</b> Nonpriority Creditor's Name <b>P.O. Box 2240</b> <b>Burlington, NC 27216-2240</b> Number Street City State Zip Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>In collections</b> <input type="checkbox"/> Yes			
When was the debt incurred? <b>2018 and before</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Merrick Bank/CardWorks</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9201</b> <b>Old Bethpage, NY 11804</b> Number Street City State Zip Code			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
Last 4 digits of account number <b>9560</b>			
When was the debt incurred? <b>Opened 11/14 Last Active 8/12/16</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.2 9	<b>Navient</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 9000</b> <b>Wiles-Barr, PA 18773</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0127</b> <b>When was the debt incurred?</b> <b>Opened 01/00 Last Active 12/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$52,549.00</b>
4.3 0	<b>PREMIER HEALTHCARE, LLC</b> Nonpriority Creditor's Name <b>ATTN: Highest Officer</b> <b>550 South Landmark Avenue</b> <b>Bloomington, IN 47403</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last 4 digits of account number</b> <b>2902</b> <b>When was the debt incurred?</b> <b>2018 and before</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$519.72</b>	
4.3 1	<b>Progressive Insurance</b> Nonpriority Creditor's Name <b>6300 Wilson Mills</b> <b>Mayfield, OH 44143</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last 4 digits of account number</b> <b>hers</b> <b>When was the debt incurred?</b> <b>2018 and before</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>In collections</b>	<b>\$259.00</b>	

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.3 2	<p><b>QVC Card</b>            Nonpriority Creditor's Name  <b>Box 1900</b>  <b>Westchester, PA 19380</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases in collections</b></p>	<p>Last 4 digits of account number <b>4218</b></p> <p>When was the debt incurred? <b>2018 and before</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$160.50</b>
4.3 3	<p><b>Republic Waste Services</b>            Nonpriority Creditor's Name  <b>Hoosier Disposal</b>  <b>6660 South Highway 37</b>  <b>Bloomington, IN 47403</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>In collections</b></p>	<p>Last 4 digits of account number <b>3871</b></p> <p>When was the debt incurred? <b>2018 and before</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$130.00</b>
4.3 4	<p><b>Riley Hospital for Children-IU health</b>            Nonpriority Creditor's Name  <b>705 Riley Hospital Drive</b>  <b>Indianapolis, IN 46202</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical in collections</b></p>	<p>Last 4 digits of account number <b>6838</b></p> <p>When was the debt incurred? <b>2018 and before</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$285.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.3 5	<b>Southern Indiana Pediatrics</b> Nonpriority Creditor's Name <b>350 Landmark Avenue</b> <b>Bloomington, IN 47404</b> Number Street City State Zip Code	Last 4 digits of account number <b>7960</b>	\$75.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2018 and before</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical service</b>	

4.3 6	<b>Southern Indiana Physicians</b> Nonpriority Creditor's Name <b>P.O. Box 1329</b> <b>Bloomington, IN 47402</b> Number Street City State Zip Code	Last 4 digits of account number <b>2587</b>	\$458.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2018 and before</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical in collections</b>	

4.3 7	<b>Southern Indiana Radiological Assoc.</b> Nonpriority Creditor's Name <b>500 Landmark Ave.</b> <b>P.O. Box 4366</b> <b>Bloomington, IN 47402-4366</b> Number Street City State Zip Code	Last 4 digits of account number <b>7413</b>	\$20.10
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>2018 and before</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Medical Service</b>	

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

4.3  
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<b>Sprint</b> Nonpriority Creditor's Name <b>4900 West 95th Street</b> <b>Oak Lawn, IL 60453-2542</b> Number Street City State Zip Code	Last 4 digits of account number <b>7345</b>	\$1,444.00
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>In collections</b>		

4.3  
9

<b>STATE FARM INSURANCE CO.</b> Nonpriority Creditor's Name <b>ATTN: Highest Officer</b> <b>One State Farm Plaza</b> <b>Bloomington, IL 61710</b> Number Street City State Zip Code	Last 4 digits of account number <b>1744</b>	Unknown
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts 		
<b>Civil collections v. wife only; Lawsuit dismissed by 41(e) but the underlying debt is still possibly owed</b> <input checked="" type="checkbox"/> Other. Specify <b>Civil collections v. wife only; Lawsuit dismissed by 41(e) but the underlying debt is still possibly owed</b>		

4.4  
0

<b>Teachers Credit Union</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 1395</b> <b>South Bend, IN 46624</b> Number Street City State Zip Code	Last 4 digits of account number <b>2170</b>	\$7,448.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts 		
<b>Deficiency balance due after the sale of Automobile</b> <input checked="" type="checkbox"/> Other. Specify <b>Deficiency balance due after the sale of Automobile</b>		

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

<b>4.4 1</b> <b>US Dept of Education</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 16448</b> <b>Saint Paul, MN 55116</b> Number Street City State Zip Code	Last 4 digits of account number <b>9782</b>  When was the debt incurred? <b>Opened 10/28/05 Last Active 9/30/11</b>	<b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<b>Educational</b>		
<b>4.4 2</b> <b>Verizon</b> Nonpriority Creditor's Name <b>Bankruptcy Administration</b> <b>404 Brock Drive</b> <b>Bloomington, IL 61701</b> Number Street City State Zip Code	Last 4 digits of account number <b>7003</b>  When was the debt incurred? <b>2018 and before</b>	<b>\$2,982.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>In collections</b>		
<b>4.4 3</b> <b>Wendy Kinsey Corning M.D., LLC</b> Nonpriority Creditor's Name <b>383 South Park Ridge Road</b> <b>Bloomington, IN 47401-8574</b> Number Street City State Zip Code	Last 4 digits of account number <b>0143</b>  When was the debt incurred? <b>2014</b>	<b>\$371.71</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Civil collections v. wife only</b>		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ALLIED COLLECTION SERVICE INC**  
**ATTN: CEO c/o Reg Agt SEAN**  
**THOMASSON**  
**50 WASHINGTON ST**  
**Columbus, IN 47201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ALLIED COLLECTION SERVICE INC**  
**ATTN: CEO c/o Reg Agt SEAN**  
**THOMASSON**  
**50 WASHINGTON ST**  
**Columbus, IN 47201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Barclays Bank Delaware**  
**P.o. Box 8803**  
**Wilmington, DE 19899**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cascade Capital**  
**3450 Oakton St**  
**Skokie, IL 60076**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Chase Receivables**  
**1247 Broadway**  
**Sonoma, CA 95476**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Choice Recovery**  
**1550 Old Henderson Road**  
**Suite 100**  
**Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Coast to Coast Financial Solutions**  
**Attn: Bankruptcy**  
**101 Hodencamp Rd Ste 120**  
**Thousand Oaks, CA 91360**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**COLLECTION ASSOCIATES**  
**ATTN: Highest Officer**  
**P.O. Box 349**  
**Greensburg, IN 47240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

Name and Address  
**Comenitybank/hottopic**  
**Po Box 182789**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Convergent Outsourcing, Inc.**  
**Attn: Bankruptcy**  
**Po Box 9004**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Credit Collection Services**  
**Attn: Bankruptcy**  
**725 Canton St**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Credit One Bank**  
**Po Box 98875**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Debt Recovery Solution**  
**Attn: Bankruptcy**  
**Po Box 9003**  
**Syosset, NY 11791**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Debt Recovery Solutions, LLC**  
**P.O. Box 9001**  
**Westbury, NY 11590-9001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Dept of Ed / Navient**  
**Po Box 9635**  
**Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Diversified Consultants, Inc.**  
**Attn: Bankruptcy**  
**Po Box 551268**  
**Jacksonville, FL 32255**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**EOS CCA**  
**P.O. Box 556**  
**Norwell, MA 02061-0556**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**First National Collection Bureau,**  
**Inc.**  
**3631 Warren Way**  
**Reno, NV 89509**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**First Premier Bank**  
**601 S Minnesota Ave**  
**Sioux Falls, SD 57104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

## Name and Address

**First Premier Bank**  
**601 S Minnesota Ave**  
**Sioux Falls, SD 57104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**G. L. A. Collection Company**  
**Attn: Bankruptcy**  
**Po Box 588**  
**Greensburg, IN 47240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**IMC CREDIT SERVICES, LLC**  
**ATTN: Highest**  
**Officer,CORPORATION SVC CO**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**IMC Credit Services, LLC**  
**Attn: Bankruptcy**  
**Po Box 20636**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Jefferson Capital Systems, LLC**  
**Po Box 1999**  
**Saint Cloud, MN 56302**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**LCA Collections**  
**P.O. Box 2240**  
**Burlington, NC 27216-2240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**LVNV Funding/Resurgent Capital**  
**Attn: Bankruptcy**  
**Po Box 10497**  
**Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Merrick Bank/CardWorks**  
**Po Box 9201**  
**Old Bethpage, NY 11804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Nationwide Credit Corp.**  
**P.O. Box 9156**  
**5503 Cherokee Ave. #200**  
**Alexandria, VA 22312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Navient**  
**123 S Justison St**  
**Wilmington, DE 19801**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Penn Credit Corporation**  
**P.O. Box 988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**Harrisburg, PA 17108-0988**

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**Po Box 41021**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Portfolio Recovery**  
**Po Box 41021**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Receivables Performance Management**  
**20816 44th Avenue**  
**Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Statewide Credit Association**  
**Po Box 20508**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Statewide Credit Association**  
**Po Box 20508**  
**Indianapolis, IN 46220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Teachers Credit Union**  
**110 S Main St**  
**South Bend, IN 46601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**US Dept of Education**  
**Po Box 5609**  
**Greenville, TX 75403**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>0.00</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>117,483.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount	6i. \$ <b>37,193.58</b>

Debtor 1 **John Christopher Tullar**  
Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **154,676.58**

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	<b>Comcast Cable One Comcast Center Philadelphia, PA 19103</b>	<b>ISP &amp; Cable - Debtor(s) intend to honor and assume</b>
2.2	<b>Straight Talk, Inc 9700 NW 112th Avenue Miami, FL 33178</b>	<b>Cell - Debtor(s) intend to honor and assume</b>
2.3	<b>Trac-Phone KVH Headquarters 50 Enterprise Center Middletown, RI 02842-5279</b>	<b>Cell - Debtor(s) intend to honor and assume</b>

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1 **Estate of John Bradley Grow (deceased)**  
3636 THORNCREST DR  
Indianapolis, IN 46234-1447

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.1  
 Schedule G \_\_\_\_\_  
**ALLIED COLLECTION SERVICE INC**

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>
Debtor 2 (Spouse, if filing)	<b>Amanda Ann Tullar</b>
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>
Case number (if known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation		
Employer's name		
Employer's address		

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>0.00</b>	\$ <b>0.00</b>
3. Estimate and list monthly overtime pay.	+\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross income. Add line 2 + line 3.	<b>\$ 0.00</b>	<b>\$ 0.00</b>

Debtor 1 John Christopher Tullar  
 Debtor 2 Amanda Ann Tullar

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <b>Social Security income for children (death benefit)</b>	8f. \$ <b>0.00</b>	\$ <b>3,584.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
Pro-rated tax refunds incl. EIC		
8h. Other monthly income. Specify: <b>portion</b>	8h.+ \$ <b>163.67</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>163.67</b>	\$ <b>3,584.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>163.67</b>	+ \$ <b>3,584.00</b> = \$ <b>3,747.67</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>3,747.67</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>John Christopher Tullar</b>
Debtor 2 (Spouse, if filing)	<b>Amanda Ann Tullar</b>
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF INDIANA</b>	
Case number (If known)	_____

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Child

14

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Child

15

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>120.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <u>325.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>45.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>

**7. Food and housekeeping supplies**

8. Childcare and children's education costs	8. \$ <u>50.00</u>
---	--------------------

**9. Clothing, laundry, and dry cleaning****10. Personal care products and services****11. Medical and dental expenses****12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ <u>255.00</u>
----------------------

**13. Entertainment, clubs, recreation, newspapers, magazines, and books****14. Charitable contributions and religious donations****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>4.00</u>
15c. Vehicle insurance	15c. \$ <u>135.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ <u>0.00</u>
--------------------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).****19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

\$ <u>0.00</u>
----------------

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

**21. Other:** Specify: \_\_\_\_\_

21. +\$ <u>0.00</u>
---------------------

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.  
 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
 22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <u>2,599.00</u>
\$ <u>2,599.00</u>
\$ <u>2,599.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ <u>3,747.67</u>
23b. -\$ <u>2,599.00</u>

23b. Copy your monthly expenses from line 22c above.

23c. \$ <u>1,148.67</u>
-------------------------

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: **\$3,584/mo of income is Social Security**

**Fill in this information to identify your case:**

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number (if known)			

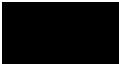
Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ John Christopher Tullar

**John Christopher Tullar**

Signature of Debtor 1

Date January 16, 2019

X /s/ Amanda Ann Tullar

**Amanda Ann Tullar**

Signature of Debtor 2

Date January 16, 2019

**Fill in this information to identify your case:**

Debtor 1	<b>John Christopher Tullar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amanda Ann Tullar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1  
lived there****Debtor 2 Prior Address:****Dates Debtor 2  
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

For the calendar year before that: (January 1 to December 31, 2017 )	<b>Debtor 1</b>		<b>Debtor 2</b>	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$3,889.20	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017)	<b>Federal Tax Refund</b>  <b>\$1,683.00</b>		
	<b>State Tax Refund</b>  <b>\$281.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
J.D. Byrider/CNAC Attn: Bankruptcy 12802 Hamilton Crossing Blvd Carmel, IN 46032	\$380/mo	\$1,140.00	\$11,432.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy**

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>MTGLQ Investors L.P., Formerly Known As Federal National Mortgage Association v. John Tullar 53C01-1701-MF-000029</b>	<b>Foreclosure; Plaintiff's attorney is: Stacy J DeLee #2554671, Lead, Retained Attorney address MERCER BELANGER One Indiana Square Suite 1500 Indianapolis, IN 46204 Attorney phone 317-636-3551(W)</b>	<b>Monroe Circuit Court 1 324 Justice Building 301 North College Avenue Bloomington, IN 47404</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Capital One Bank Usa N A vs JOHN TULLAR 53C04-1712-SC-002567</b>	<b>Civil; Plaintiff's attorney is: Amanda Marie Sneathen #3276371, Lead, Retained Attorney address STENGER &amp; STENGER PC 2618 East Paris Avenue SE Grand Rapids, MI 49546 Attorney phone 616-988-2280(W)</b>	<b>Monroe Circuit Court 4 321 Justice Building 301 North College Avenue Bloomington, IN 47404</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Lvnv Funding Llc vs JOHN TULLAR 53C04-1711-SC-002402</b>	<b>Civil; Plaintiff's attorney is:</b> Denise Marie Hallett <b>#840645, Retained</b> <b>Attorney address</b> STENGER & STENGER PC 2618 East Paris Avenue SE Grand Rapids, MI 49546 <b>Attorney phone</b> 616-988-2280(W)	<b>Monroe Circuit Court 4</b> 321 Justice Building 301 North College Avenue Bloomington, IN 47404	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Wendy Kinsey Corning, M.D. LLC vs AMANDA GROW (Tullar) 53C04-1401-SC-000143</b>	<b>Civil; Plaintiff's attorney is:</b> Michael L Carmin #1233153, <b>Retained</b> <b>Attorney address</b> CarminParker PC 116 W 6th Street , Suite 200 P O Box 2639 Bloomington, IN 47402 <b>Attorney phone</b> 812-332-6556(W)	<b>Monroe Circuit Court 4</b> 321 Justice Building 301 North College Avenue Bloomington, IN 47404	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>IU Credit Union vs AMANDA TULLAR 53C04-1312-SC-004633</b>	<b>Civil; Plaintiff's attorney is: (none)</b>	<b>Monroe Circuit Court 4</b> 321 Justice Building 301 North College Avenue Bloomington, IN 47404	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Bloomington Accounts v. Amanda Tullar 53C08-0905-SC-02289</b>	<b>Civil; Plaintiff's attorney is:</b> Alan Syfert <b>#196753, Retained</b> <b>Attorney address</b> P.O. Box 1471 Bloomington, IN 47402-1471 <b>Attorney phone</b> 812-339-3687(W)	<b>Monroe Circuit Court 8</b> 320 Justice Building 301 North College Avenue Bloomington, IN 47404	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Bloominton Housing Authority vs AMANDA GROW 53C08-1208-SC-002575</b>	<b>Civil; Plaintiff's attorney is: (none)</b>	<b>Monroe Circuit Court 8</b> 320 Justice Building 301 North College Avenue Bloomington, IN 47404	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Bloomington Endoscopy Center LLC v. Amanda Grow (Tullar) 53C08-0601-SC-00700</b>	<b>Civil; Plaintiff's attorney is: Jason L McAuley #2246253, Retained Attorney address Koch &amp; McAuley P.C. PO Box 1030 Bloomington, IN 47402-1030 Attorney phone 812-337-3120(W)</b>	<b>Monroe Circuit Court 8 320 Justice Building 301 North College Avenue Bloomington, IN 47404</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Allied Collection Svc. v. Amanda Grow (Tullar) 53C04-0511-SC-05221</b>	<b>Civil; Plaintiff's attorney is: Jawn J Bauer #390153, Retained Attorney address Bauer &amp; Densford P O Box 1332 Bloomington, IN 47402-1332 Attorney phone 812-334-0600(W)</b>	<b>Monroe Circuit Court 4 321 Justice Building 301 North College Avenue Bloomington, IN 47404</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Explain what happened			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MoneySharp.org <a href="https://moneysharp.org/home.aspx">https://moneysharp.org/home.aspx</a>		January 2019	\$10.00

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (if known)

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (*if known*)

## 25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

## 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **John Christopher Tullar**  
 Debtor 2 **Amanda Ann Tullar**

Case number (*if known*) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ John Christopher Tullar  
 John Christopher Tullar  
 Signature of Debtor 1

/s/ Amanda Ann Tullar  
 Amanda Ann Tullar  
 Signature of Debtor 2

Date January 16, 2019

Date January 16, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

### You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Chapter 12: Repayment plan for family farmers or fishermen**

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

**Chapter 13: Repayment plan for individuals with regular income**

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: [http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re **John Christopher Tullar**  
**Amanda Ann Tullar**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>4,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>0.00</b>
Balance Due .....	\$ <b>4,000.00</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**For the fees above-listed, Joseph A. Ross shall meet with debtor(s) to review their financial situation, advise clients of the various Chapters of bankruptcy and which one, if any, is advisable to file, prepare and file the debtor's petition, plan, statements, and schedules, do exemption planning, file reaffirmation agreements as needed if secured creditor provides one to Joseph A. Ross, prepare and file motions pursuant to 11 USC 522(f)(1)(A)and(B) for avoidance of judicial liens and liens on household goods (though debtor(s) MUST advise Joseph A. Ross of the existence of these lien(s) in order for Joseph A. Ross to be able to avoid same), appear at or hire local counsel to appear at the 341 Hearing, and be available to respond to debtor's questions. Any motions to redeem will be billed at \$250.00 each in addition to the fees listed hereon.**

**If an attorney is hired by Joseph A. Ross to cover a hearing in this case, including the First Meeting of Creditors, then the attorney's compensation shall be paid by Joseph A. Ross. Joseph A. Ross has not entered into any fee-splitting arrangements with any attorney.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CHAPTER 13 CASES: Joseph A. Ross will represent Debtors in all matters which arise regarding their case except adversary proceedings. If counsel and Debtors agree, Joseph Ross may represent Debtors in adversary proceedings as they arise. If the attorneys fees quoted herein are insufficient to compensate Joseph A. Ross for the legal services rendered in this case, then Joseph A. Ross shall apply to the Court for additional attorneys fees. The Bankruptcy Court will have the discretion to approve or deny the additional attorneys fees requested.**

In re John Christopher Tullar  
Amanda Ann Tullar

Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 16, 2019

*Date*

/s/ Joseph A. Ross

Joseph A. Ross 20345-47

*Signature of Attorney*

**Joseph A. Ross, Attorney at Law**

**1503 West Arlington Road**

**Bloomington, IN 47404**

**812.339.3440 Fax: 812.323.7677**

**RossFiling@rosslawoffice.com**

*Name of law firm*

R&R (rev 06/08/15)

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA

Case Name: John & Amanda Tullar Case No.

**RIGHTS AND RESPONSIBILITIES OF CHAPTER 13  
DEBTORS AND THEIR ATTORNEYS**

It is important for debtors who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that debtors know what their attorney's responsibilities are and understand the importance of communicating with their attorney to make the case successful. Debtors should also know that they may expect certain services to be performed by their attorney. In order to assure that debtors and attorneys understand their rights and responsibilities in the bankruptcy process, the following guidelines provided by the Court are hereby agreed to by the debtors and their attorney.

**BEFORE THE CASE IS FILED**

**The debtor agrees to:**

1. Provide the attorney with complete, accurate and current financial information.
2. Discuss with the attorney the debtor's objectives in filing the case.
3. Disclose any previous bankruptcies filed in the previous 8 years.
4. Unless excused under 11 U.S.C. § 109(h), receive a briefing from an approved nonprofit budget and credit counseling agency and provide the attorney with a copy of the certificate from the agency showing such attendance, as well as a copy of the debt repayment plan, if any, developed through the agency.
5. Disclose to the attorney any and all domestic support obligations.

**The attorney agrees to:**

1. Meet with the debtor to review the debtor's debts, assets, liabilities, income and expenses.
2. Counsel the debtor regarding the advisability of filing either a Chapter 7 or Chapter 13 case, provide debtor with the notice required under 11 U.S.C. § 342(b) if applicable, discuss both procedures with the debtor and answer the debtor's questions.
3. Explain what payments will be made to creditors directly by the debtor and what payments will be made through the Chapter 13 plan, with particular attention to mortgage and vehicle loan payments, any other debts that accrue interest, domestic support obligations and leases.

4. Explain to the debtor how, when and where to make payments, pursuant to the plan, to the Chapter 13 trustee and of the necessity to include the debtor's case number, name and current address on each payment item.
5. Explain to the debtor how the attorney and trustee's fees are paid and provide an executed copy of this document to the debtor.
6. Explain to the debtor that the first payment due under Chapter 13 must be made to the trustee within 30 days of filing of the bankruptcy petition.
7. Advise the debtor of the requirement to attend the Section 341 Meeting of Creditors and instruct the debtor as to the date, time and place of the meeting and of the necessity to bring both picture identification and proof of the debtor's social security number to the meeting.
8. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on leased vehicles or those securing loans, and of the obligation to bring copies of the declaration page(s) documenting such insurance to the Meeting of Creditors.
9. Advise debtors engaged in business of the necessity to maintain liability insurance, workers compensation insurance, if required, and any other insurance coverage required by law.
10. Timely prepare and file the debtor's petition, plan, statements, schedules, and any other papers or documents required under the Bankruptcy Code.

## AFTER THE CASE IS FILED

### The debtor agrees to:

1. Timely make all required payments to the Chapter 13 trustee that first become due 30 days after the case is filed. Also, if required, turn over any tax refunds, personal injury settlement proceeds or any other property as requested by the trustee.
2. Timely make all post-petition payments due to mortgage lenders, holders of domestic support obligations, lessors, and any other creditor that debtor agreed or is obligated to pay directly.
3. Cooperate with the attorney in the preparation of all pleadings and attend all hearings as required.
4. Keep the trustee, attorney and Court informed of any changes to the debtor's address and telephone number.
5. Prepare and file any and all federal, state and local tax returns within 30 days of filing the petition.
6. Inform the attorney of any wage garnishments or attachments of assets which occur or continue to occur after the filing of the case.
7. Contact the attorney promptly with any information regarding changes in employment, increases or decreases in income or other financial problems or changes.

8. Contact the attorney promptly if the debtor acquires any property after the petition is filed. Such property might include, but is not limited to, personal injury proceeds, inheritances, lottery winnings, etc.
9. Inform the attorney if the debtor is sued during the case.
10. Inform the attorney if any tax refunds to which the debtors are entitled are seized or not returned to the debtor by the IRS, the Indiana Department of Revenue or any other taxing authority.
11. Contact the attorney to determine whether court approval is required before buying, refinancing or selling real property or before entering into any long-term loan agreement.
12. Pay any filing fees and courts costs directly to the attorney.
13. If the requirements of 11 U.S.C. § 109(h) were waived by the Court when the case was first filed, receive a briefing from an approved nonprofit budget and credit counseling agency within 30 days of the case being filed (unless the Court, for cause, extends such time) and provide counsel with the certificate from the agency stating that the debtor attended such briefing.
14. Unless such attendance is excused under 11 U.S.C. § 1328(f), complete an instructional course concerning personal financial management and shall promptly submit to the debtor's attorney a signed and completed Certification of Completion of Instruction Course Concerning Personal Financial Management.
15. Cooperate fully with any audit conducted pursuant to 28 U.S.C. § 586(a).
16. After all plan payments have been made, and if the debtor is eligible for a discharge, timely provide counsel with the information needed to complete any documents required by the Court before a discharge will be entered.

**The attorney agrees to provide the following legal services:**

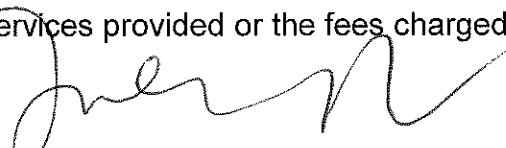
1. Appear at the Section 341 Meeting of Creditors with the debtor.
2. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
3. Timely submit properly documented profit and loss statements, tax returns and proof of income when requested by the trustee.
4. Prepare, file and serve necessary modifications to the plan.
5. Prepare, file and serve necessary amended statements and schedules, in accordance with information provided by the debtor.
6. Prepare, file and serve necessary motions to buy, sell or refinance property when appropriate.
7. Object to improper or invalid claims, if necessary, based upon documentation provided by the debtor or trustee.
8. Represent the debtor in motions for relief from stay and motions to dismiss and/or convert.

9. Where appropriate, prepare, file, serve and notice motions to avoid liens on real or personal property.
10. Where appropriate, prepare, file and serve a summons and complaint to avoid a wholly unsecured mortgage.
11. Be available to respond to debtor's questions throughout the life of the plan.
12. Negotiate with any creditor holding a claim against the debtor that is potentially nondischargeable to determine if the matter can be resolved prior to litigation. Discuss with debtor the cost and advisability of litigating the dischargeability of the claim. The attorney is not required, however, to represent the debtor in any adversary proceeding to determine the nondischargeability of any debt pursuant to these Rights and Responsibilities.
13. Represent the debtor with respect to any audit conducted pursuant to 28 U.S.C. § 586(a).
14. Negotiate all reaffirmation agreements and appear with the debtor at any hearing on same.
15. After all plan payments have been made, and if the debtor is eligible for a discharge, prepare, file and serve any documents required by the Court before a discharge will be entered.

The total fee charged in this case is \$4,000.00. If this fee later proves to be insufficient to compensate the attorney for the legal service rendered in the case, the attorney has the right to apply to the court for any additional attorney fees. Fees shall be paid through the plan unless otherwise ordered. The attorney may not receive additional fees directly from the debtor other than the initial retainer. If an attorney has elected to be compensated pursuant to these guidelines, but the case is dismissed prior to confirmation of the plan, absent contrary order, the trustee shall pay to the attorney, to the extent funds are available, an administrative claim equal to 50% of the unpaid fee balance if a properly documented fee claim (for the entire fee balance) has been filed by the attorney and served upon the trustee.

If the debtor disputes the legal services provided or the fees charged by the attorney, an objection must be filed with the Court.

Dated: 1-10-19



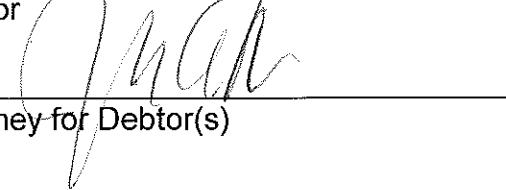
\_\_\_\_\_  
Debtor

Dated: 1-10-19



\_\_\_\_\_  
Debtor

Dated: 1/10/19



\_\_\_\_\_  
Attorney for Debtor(s)

### Chapter 13 Acknowledgments

**Debtor Acknowledges:**
**Debtor(s)' Initials**

1. That I (we) met with Joseph A. Ross and reviewed my (our) financial situation including my (our) debts, assets, liabilities, income and expenses..... AT

2. That Joseph A. Ross explained and answered questions to my (our) satisfaction regarding the various chapters of bankruptcy, including Chapter 7 and Chapter 13, and the advisability of filing each chapter..... AT

3. That Mr. Ross and/or his staff explained the impact of bankruptcy on my (our) credit..... AT

4. That Mr. Ross and/or his staff answered all our my (our) questions..... AT

5. That I (we) understand that our first Plan payment is due within 30 days after the Plan is filed, and that this payment is due prior to the Meeting of Creditors..... AT

6. That I (we) understand that I (we) must include our Case Number, Name, and Current Address on each Plan payment..... AT

7. That I (we) understand that I (we) shall pay a retainer fee to Mr. Ross, and that the remainder of his fees as well as the Trustees fees shall be paid through the Plan prior to any other claims being paid through the Plan..... AT

8. That I (we) have received an executed copy of this "Rights and Responsibilities of Chapter 13 Debtors And Their Attorneys"..... AT

9. That I (we) are aware that I (we) must attend the First Meeting of Creditors (also called the "341 Hearing")..... AT

10. That I (we) are aware that I (we) must bring a picture identification and proof our my (our) social security number(s) in addition to the picture ID to the First Meeting of Creditors..... AT

11. That I (we) understand the necessity of maintaining liability, collision and comprehensive insurance on all vehicles securing loans and leases that I (we) are retaining throughout the life of the Plan..... AT

12. That if I (we) are engaged in business, that I (we) will maintain liability insurance, workers compensation insurance (if required) and any other coverage that is required by law..... AT

13. That I (we) understand that most of my (our) debts will be included in the Chapter 13 Plan, but that in addition to contracts and leases we are honoring, I (we) must also continue to pay the following debts directly, beginning with the next payment that comes due after the date on which this document is signed:.....

Creditor \_\_\_\_\_ n/a Type of loan \_\_\_\_\_

Creditor \_\_\_\_\_ Type of loan \_\_\_\_\_

Creditor \_\_\_\_\_ Type of loan \_\_\_\_\_

Creditor \_\_\_\_\_ Type of loan \_\_\_\_\_

Domestic support obligations will be treated as follows:

n/a

14. That I (we) understand that if a creditor whom we are supposed to pay directly refuses a payment that I (we) make to that creditor, that I (we) will put the refused payment(s) into a savings account to hold until the creditor adjusts their records to allow them to begin accepting the payments from me (us).....

*[Signature]* AT

15. That I (we) understand that if we owe non-dischargeable student loans, that those loans will not be paid during the life of the Plan and I (we) will have to resume payments on the loans once the Plan is complete, and that the loans will incur interest during the life of the Plan.....

*[Signature]* AT

16. That I (we) are aware of and consent to Mr. Ross's hiring of local counsel to cover our First Meeting of Creditors and/or other hearings on his behalf.....

*[Signature]* AT

17. That I (we) understand that filing bankruptcy on a check I (we) wrote which is returned for insufficient funds may not be covered by my (our) bankruptcy if it is pursued criminally.....

*[Signature]* AT

18. That even if income taxes or real estate taxes are being paid through the Plan, future income taxes and property taxes that come due after the case is filed will have to be paid directly by me (us).....

*[Signature]* AT

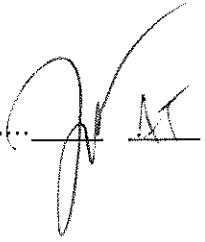
19. That I (we) understand that a judgment against me (us) will attach as a judgment lien to any real estate I (we) own, and I (we) will notify Mr. Ross of any judgments or other liens on real property and personal property that I (we) own so that he may avoid (cancel) those liens in the bankruptcy if the Bankruptcy Code so permits him to.....

*[Signature]* AT

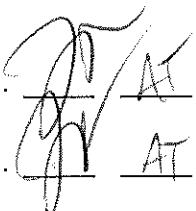
20. That I (we) will provide cause numbers to all lawsuits in which I (we) are involved to Mr. Ross and/or his staff.....

*[Signature]* AT

21. That I (we) understand that I (we) may have to pay additional attorneys fees through my (our) Chapter 13 Plan (but not directly to my (our) attorney) if the fees in my (our) case are insufficient to fully compensate Mr. Ross and if he duly applies for additional fees and said additional fees

are approved by the Court.....

**22.** That I (we) understand that if my (our) Chapter 13 Plan is being paid from wage withholding or from an ACH bank account deduction, that I (we) are nonetheless responsible to ensure that the Plan payment gets paid. I (we) will make Plan payments directly to the Trustee until we see the Plan payments coming out of my (our) paycheck(s) or bank account. If the Plan payment stops coming out of my (our) paycheck(s) or bank account for any reason, I (we) understand that we must start mailing the payment in to the Trustee directly.....

**23.** That I (we) have gone through our petition page by page with our attorney or a member of his staff.....

1/10/19  
Signed

Debtor

*Anne L.*  
Joint Debtor (if applicable)

AT

**United States Bankruptcy Court  
Southern District of Indiana**

In re John Christopher Tullar  
Amanda Ann Tullar \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 13 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: January 16, 2019

/s/ John Christopher Tullar

**John Christopher Tullar**

Signature of Debtor

Date: January 16, 2019

/s/ Amanda Ann Tullar

**Amanda Ann Tullar**

Signature of Debtor

INTERNAL REVENUE SERVICE  
P.O. BOX 7346  
PHILADELPHIA, PA 19101-7346

INDIANA DEPARTMENT OF REVENUE  
BANKRUPTCY SECTION, ROOM N240-MS108  
100 NORTH SENATE AVENUE  
INDIANAPOLIS, IN 46204

JOSEPH A. ROSS  
ATTORNEY AT LAW  
1503 WEST ARLINGTON ROAD  
BLOOMINGTON, IN 47404

ALLIED COLLECTION SERVICE INC  
ATTN: CEO C/O REG AGT SEAN THOMASSON  
50 WASHINGTON ST  
COLUMBUS, IN 47201

AT&T MOBILITY  
P.O. BOX 6416  
CAROL STREAM, IL 60197-6416

AT&T U-VERSE  
P.O. BOX 5014  
CAROL STREAM, IL 60197

ATHLETIC & THERAPEUTIC INST  
4947 PAYSPHERE CIRCLE  
CHICAGO, IL 60674

BARCLAYS BANK DELAWARE  
ATTN: CORRESPONDENCE  
PO BOX 8801  
WILMINGTON, DE 19899

BARCLAYS BANK DELAWARE  
P.O. BOX 8803  
WILMINGTON, DE 19899

BLOOMINGTON ACCOUNTS SERVICE INC.  
ATTN: HIGHEST OFFICER  
321 S. GRANT, BOX 2021  
BLOOMINGTON, IN 47401

BLOOMINGTON ANESTHESIOLOGISTS  
C/O CIPROMS, INC. ATTN: COMPLIANCE  
3600 WOODVIEW TRACE, 4TH FLOOR  
INDIANAPOLIS, IN 46268

BLOOMINGTON BONE & JOINT CLINIC  
639 SOUTH WALKER STREET, SUITE E  
BLOOMINGTON, IN 47403

BLOOMINGTON ENDOSCOPY CENTER LLC  
550 LANDMARK AVENUE  
BLOOMINGTON, IN 47402-0550

BLOOMINGTON HOSPITAL AND HEALTHCARE SYS.  
P.O. BOX 1149  
BLOOMINGTON, IN 47402-2997

BLOOMINGTON HOUSING AUTHORITY  
1007 NORTH SUMMITT STREET  
BLOOMINGTON, IN 47401

CAPITAL ONE  
ATTN: BANKRUPTCY  
PO BOX 30285  
SALT LAKE CITY, UT 84130

CAPITAL ONE  
15000 CAPITAL ONE DR  
RICHMOND, VA 23238

CAPITAL ONE BANK  
C/O HIGHEST EXECUTIVE OFFICER  
4851 COX ROAD  
GLEN ALLEN, VA 23060

CASCADE CAPITAL  
3450 OAKTON ST  
SKOKIE, IL 60076

CHASE RECEIVABLES  
1247 BROADWAY  
SONOMA, CA 95476

CHECK INTO CASH OF INDIANA, LLC  
ATTN CEO C/O REG AGT CT CORP SYS  
150 WEST MARKET STREET, SUITE 800  
INDIANAPOLIS, IN 46204

CHOICE RECOVERY  
1550 OLD HENDERSON ROAD  
SUITE 100  
COLUMBUS, OH 43220

COAST TO COAST FINANCIAL SOLUTIONS  
ATTN: BANKRUPTCY  
101 HODENCAMP RD STE 120  
THOUSAND OAKS, CA 91360

COLLECTION ASSOCIATES  
ATTN: HIGHEST OFFICER  
P.O. BOX 349  
GREENSBURG, IN 47240

COMENITYBANK/HOTTPIC  
ATTN: BANKRUPTCY DEPT  
PO BOX 182125  
COLUMBUS, OH 43218

COMENITYBANK/HOTTPIC  
PO BOX 182789  
COLUMBUS, OH 43218

CONVERGENT OUTSOURCING, INC.  
ATTN: BANKRUPTCY  
PO BOX 9004  
RENTON, WA 98057

CREDIT COLLECTION SERVICES  
ATTN: BANKRUPTCY  
725 CANTON ST  
NORWOOD, MA 02062

CREDIT ONE BANK  
ATTN: BANKRUPTCY  
PO BOX 98873  
LAS VEGAS, NV 89193

CREDIT ONE BANK  
PO BOX 98875  
LAS VEGAS, NV 89193

DEBT RECOVERY SOLUTION  
ATTN: BANKRUPTCY  
PO BOX 9003  
SYOSSET, NY 11791

DEBT RECOVERY SOLUTIONS, LLC  
P.O. BOX 9001  
WESTBURY, NY 11590-9001

DEPT OF ED / NAVIENT  
ATTN: CLAIMS DEPT  
PO BOX 9635  
WILKES BARR, PA 18773

DEPT OF ED / NAVIENT  
PO BOX 9635  
WILKES BARRE, PA 18773

DIVERSIFIED CONSULTANTS, INC.  
ATTN: BANKRUPTCY  
PO BOX 551268  
JACKSONVILLE, FL 32255

DON BAKER, D.D.S.  
4217 EAST THIRD STREET  
BLOOMINGTON, IN 47401

EOS CCA  
P.O. BOX 556  
NORWELL, MA 02061-0556

ESTATE OF JOHN BRADLEY GROW (DECEASED)  
3636 THORNCREST DR  
INDIANAPOLIS, IN 46234-1447

FIRST NATIONAL COLLECTION BUREAU, INC.  
3631 WARREN WAY  
RENO, NV 89509

FIRST PREMIER BANK  
ATTN: BANKRUPTCY  
PO BOX 5524  
SIOUX FALLS, SD 57117

FIRST PREMIER BANK  
601 S MINNESOTA AVE  
SIOUX FALLS, SD 57104

G. L. A. COLLECTION COMPANY  
ATTN: BANKRUPTCY  
PO BOX 588  
GREENSBURG, IN 47240

IMC CREDIT SERVICES, LLC  
ATTN: HIGHEST OFFICER, CORPORATION SVC CO

IMC CREDIT SERVICES, LLC  
ATTN: BANKRUPTCY  
PO BOX 20636  
INDIANAPOLIS, IN 46220

INDIANA MRI  
P.O. BOX 7160 DEPT. 105  
INDIANAPOLIS, IN 46207

INDIANA UNIVERSITY CREDIT UNION  
WNSLOW ROAD BRANCH  
105 EAST WINSLOW ROAD  
BLOOMINGTON, IN 47401

IU CREDIT UNION  
ATTN: HIGHEST OFFICER  
105 EAST WINSLOW ROAD  
BLOOMINGTON, IN 47402

IU HEALTH  
P.O. BOX 1149  
BLOOMINGTON, IN 47402-1149

IVY TECH COMMUNITY COLLEGE-BLGTN  
200 DANIELS WAY  
BLOOMINGTON, IN 47404

J.D. BYRIDER/CNAC  
ATTN: BANKRUPTCY  
12802 HAMILTON CROSSING BLVD  
CARMEL, IN 46032

J.D. BYRIDER/CNAC  
7400 N SHADELAND AVE  
INDIANAPOLIS, IN 46250

JEFFERSON CAPITAL SYSTEMS, LLC  
PO BOX 1999  
SAINT CLOUD, MN 56302

LABORATORY CORPORATION OF AMERICA  
P.O. BOX 2240  
BURLINGTON, NC 27216-2240

LCA COLLECTIONS  
P.O. BOX 2240  
BURLINGTON, NC 27216-2240

LVNV FUNDING LLC ATTN: HIGHEST OFFICER  
C/O CORPORATION SERVICE COMPANY  
251 E OHIO ST STE 500  
INDIANAPOLIS, IN 46204

LVNV FUNDING/RESURGENT CAPITAL  
ATTN: BANKRUPTCY  
PO BOX 10497  
GREENVILLE, SC 29603

MERRICK BANK/CARDWORKS  
ATTN: BANKRUPTCY  
PO BOX 9201  
OLD BETHPAGE, NY 11804

MERRICK BANK/CARDWORKS  
PO BOX 9201  
OLD BETHPAGE, NY 11804

MTGLQ INVESTORS L.P.  
ATTN: HIGHEST OFFICER  
200 WEST STREET  
NEW YORK, NY 10282

NATIONWIDE CREDIT CORP.  
P.O. BOX 9156  
5503 CHEROKEE AVE. #200  
ALEXANDRIA, VA 22312

NAVIENT  
ATTN: BANKRUPTCY  
PO BOX 9000  
WILES-BARR, PA 18773

NAVIENT  
123 S JUSTISON ST  
WILMINGTON, DE 19801

PENN CREDIT CORPORATION  
P.O. BOX 988  
HARRISBURG, PA 17108-0988

PORTFOLIO RECOVERY  
PO BOX 41021  
NORFOLK, VA 23541

PREMIER HEALTHCARE, LLC  
ATTN: HIGHEST OFFICER  
550 SOUTH LANDMARK AVENUE  
BLOOMINGTON, IN 47403

PROGRESSIVE INSURANCE  
6300 WILSON MILLS  
MAYFIELD, OH 44143

QVC CARD  
BOX 1900  
WESTCHESTER, PA 19380

RECEIVABLES PERFORMANCE MANAGEMENT  
20816 44TH AVENUE  
LYNNWOOD, WA 98036

REPUBLIC WASTE SERVICES  
HOOSIER DISPOSAL  
6660 SOUTH HIGHWAY 37  
BLOOMINGTON, IN 47403

RILEY HOSPITAL FOR CHILDREN-IU HEALTH  
705 RILEY HOSPITAL DRIVE  
INDIANAPOLIS, IN 46202

RUSHMORE LOAN MANAGEMENT SERVICES  
FOR MTGLQ INVESTORS L.P.  
P.O. BOX 52708  
IRVINE, CA 92619

SETERUS, INC.  
14523 SW MILLIKAN WAY  
BEAVERTON, OR 97005

SETERUS, INC.  
ATTN: BANKRUPTCY  
PO BOX 1077  
HARTFORD, CT 06143

SOUTHERN INDIANA PEDIATRICS  
350 LANDMARK AVENUE  
BLOOMINGTON, IN 47404

SOUTHERN INDIANA PHYSICIANS  
P.O. BOX 1329  
BLOOMINGTON, IN 47402

SOUTHERN INDIANA RADIOLOGICAL ASSOC.  
500 LANDMARK AVE.  
P.O. BOX 4366  
BLOOMINGTON, IN 47402-4366

SPRINT  
4900 WEST 95TH STREET  
OAK LAWN, IL 60453-2542

STATE FARM INSURANCE CO.  
ATTN: HIGHEST OFFICER  
ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710

STATEWIDE CREDIT ASSOCIATION  
PO BOX 20508  
INDIANAPOLIS, IN 46220

TEACHERS CREDIT UNION  
ATTN: BANKRUPTCY  
PO BOX 1395  
SOUTH BEND, IN 46624

TEACHERS CREDIT UNION  
110 S MAIN ST  
SOUTH BEND, IN 46601

US DEPT OF EDUCATION  
ATTN: BANKRUPTCY  
PO BOX 16448  
SAINT PAUL, MN 55116

US DEPT OF EDUCATION  
PO BOX 5609  
GREENVILLE, TX 75403

VERIZON  
BANKRUPTCY ADMINISTRATION  
404 BROCK DRIVE  
BLOOMINGTON, IL 61701

WENDY KINSEY CORNING M.D., LLC  
383 SOUTH PARK RIDGE ROAD  
BLOOMINGTON, IN 47401-8574